GUEST LECTURER'S PAYMENT INFORMATION:

Name _____
        (Last name)   (First name)   (Middle)

Home Address _____

_____

Mailing Address_____

_____

Contact Number(s) _____   _____
                        (home / cell)   (work / other)

E-mail Address _____

Social Security Number (SSN) or Independent Taxpayer Identification Number (ITIN):_____
        Please Note: If you do NOT have a SSN or an ITIN, UCLA CANNOT process payment.

U.S. Citizen Yes ☐   No ☐
        Please Note: If you are a permanent resident or foreign national, you will need to complete additional
                University forms and provide your residence card/ or passport and visa.
        For information, contact Megan Kor at mkor@arts.ucla.edu or call 310-825-0972

CA Resident (for tax purposes) Yes ☐   No ☐
U.S. Resident (for tax purposes) Yes ☐   No ☐

Are you a near relative of a UC employee? Yes ☐   No ☑
Please Note: Near relative is defined as a spouse, domestic partner, parent, child (including the child of a domestic partner), or sibling. In-laws and step-relatives in the relationships listed, including relatives of the domestic partner who would be covered if the domestic partner were the employee's spouse, are also defined as near relatives.

        If YES, please attach a Conflict of Interest Form completed by the UC Employee.

Are you currently, or have you ever been, employed by UCLA or another UC Campus?   Yes ☐   No ☐
        If YES - Current employee ☐   Former employee ☐
                What is your UID? _____
                What UC campus and department did you or are you currently working for?
                UC Campus: _____   Department: _____
                What was / is your job title? _____
                Brief description of job duties_____
                Are you being paid for work related to your former or current UC job?   Yes ☐   No ☐

        If you are a **former UC employee**, when were you separated / retired? (MM/DD/YY)_____/_____/____

Please Note: If you do NOT have a SSN or an ITIN, UCLA CANNOT process payment.

- Consultants are not allowed to receive or even bid on follow-on contracts to provide goods or services required, suggested, or deemed appropriate in the end product of their consulting services contract
- No University employee shall contract on his/her own behalf as an independent contractor to provide any University department with goods or services (**although there are exceptions for certain research and teaching personnel**)
- No former University employee may enter into a contract with the University in which he/she is engaged in the planning, negotiations, or any part of the decision-making process, **for a period of 24 months after separation from the University**;
- No former University employee may enter into a contract with any University department if he/she is employed by that department in a policy-making role in the same general subject area as the contract, **for a period of 12 months after separation from the University**
- A University employee may be re-hired or re-appointed after retirement, consistent with University administrative policies.
- University departments requiring the services of a former UC employee should consult with the Purchasing Department to determine whether the former employee is subject to the prohibition.

*** Penalties for failure to comply with the section of the Public Contract Code formerly known as SB 1467 are serious and include personal criminal sanctions (felony), voiding the contract, and doubled damages. ***

EVENT INFORMATION:

Class Course Title and Number _____

Topic / Title of Presentation _____

Date(s) of Presentation _____ Number Attendees: _____
(estimate if actual not available)

Amount to be Paid **_____**

Location where service was provided (city and state) _____

Comments _____

_____

Signature of Prospective Payee _Rachell White_ _____ **Date** _____

Signature of Faculty/Chair _____ **Date** _____

Print Name of Faculty/Chair_____

**Once the form is complete, you may click the button on the right to submit this PDF via email to an Art/DMA finance representative.

---**FOR OFFICE USE ONLY**--

EMPLOYEE STATUS: Active / Inactive ☐   Separated ☐   Not Employed ☐

Home Dept: _____ Separation Date (if applicable): _____

Job Title: _____

EDB Confirmed By: _____ Date: _____

For re-hired retiree or former employee – approved by CHR / Purchasing? Yes ☐   No ☐

Approved by CHR / Purchasing representative _____ on (MM/DD/YY) ___/___/___
Note: Please attach approval documentation.

For near relatives – is Conflict of Interest Form approved by Purchasing? Yes ☐   No ☐
Note: Please attach approval documentation.

Purchase Order # (or attach BYA agreement) **_____**

FAU / Fund Source / Budget / Area to be Charged **_____**

For payments $100 or more:
W-9 form with PO# and upload instructions given to payee on: _____